I hereby certify that, on the date indicated above, this paper or fee was deposited with the U.S. Postal Service & that it was addressed for delivery to the Assistant Commissioner for

Patents, Washington, DC 20231 by "Express Mail Post Office to

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PATENT TRADEMARK OFFICE

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Docket No: 5862/11238US1

DARBY & DARBY P.C.

805 Third Avenue New York, New York 10022 212-527-7700

PATENT APPLICATION

Box

Assistant Commissioner for Patents

Washington, DC 20231

Sir:

Enclosed please find an application for United States patent as identified below:

<u>Inventor/s</u> (name <u>ALL</u> inventors):

Guadalupe Martinez Uria

Title: LIQUID PHARMACEUTICAL COMPOSITION FOR TREATING BONE DISEASES

including the items indicated:

- Specification and 16 claims: 1 indep.; 15 dep.; multiple dep.; 1. including 23 page(s) of written description; 5 page(s) of claims; _1 page(s) of abstract.
- [X] Executed Declaration/Power of Attorney 2. [] Unexecuted Declaration/Power of Attorney
- 3. [X] Assignment for recording to: RIDERWAY CORPORATION
 - [] Assignment was recorded at Reel No., Frame No., on .

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[X] Pursuant to 37 C.F.R. §1.215(b), please print the following assignment information on the face of the published application:

Assignee: Riderway Corporation

- 4. [X] The applicant claims small entity status.
- 5. [X] Priority is claimed under 35 U.S.C. §119(e) of:

Number:

60/265,827

Date:

February 1, 2001

Please amend the specification as follows: On page 1, after the title, add the following paragraph:

- This application claims the priority of U.S. Provisional Application No. 60/265,827, filed on February 1, 2001 which is hereby incorporated hereby by reference in its entirety. -
- 6. [X] Payment in amount of \$410.00, (\$370 filing; \$40 recording) in the form of

[X] check

[] deposit account no. 04-0100

[] credit card (see attached form)

(See attached Fee Computation Sheet)

Date: February 1, 2002

Respectfully submitted,

Marc S. Gross

Reg. No. 19,614

Attorney for Applicant(s)

PATENT FEE COMPUTATION SHEET

	No. of Claims Presented	Extra Claims Previously Paid For		Rate
Basic Fee				\$740.00
Total Claims	16 - 20	- 0 = 0	x \$18.00	\$0.00
Independent Claims	1 - 3	- 0 = 0	x \$84.00	\$0.00
Mulriple Depende	nt Claims	- if so, add	\$280.00	\$0.00
Surcharge for la	te submission of fi	ling fee and/or decl	aration (\$130.00)	\$0.00
SUBTOTAL				\$740.00
[X] Small Entity REDUCTION (Half of Subtotal)				\$370.00
Fee for recordat	ion of assignment (\$40.00)		\$40.00
Charge for filin	ng non-English langua	age application (\$13	0.00)	\$0.00
TOTAL				\$410.00